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Bib Data Sheet

CONFIRMATION NO. 5197

|                                    |   |                                       |  |  |
|------------------------------------|---|---------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/713,962 | <b>FILING DATE</b><br>11/15/2000<br><b>RULE</b> | <b>CLASS</b><br><del>707</del><br>705 | <b>GROUP ART UNIT</b><br><del>2171</del><br>3627 | <b>ATTORNEY DOCKET NO.</b><br>04239.P002 |
|------------------------------------|---|---------------------------------------|--|--|

**APPLICANTS**  
Alain T. Rappaport, San Mateo, CA;  
Eliot Weitz, San Francisco, CA;

**\*\* CONTINUING DATA \*\*** *yes V.F.*  
THIS APPLN CLAIMS BENEFIT OF 60/166,643 11/19/1999

**\*\* FOREIGN APPLICATIONS \*\*** *no V.F.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 02/20/2001**      **\*\* SMALL ENTITY \*\***

|  |   |                               |                            |                           |                                |
|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Examiner's Signature: Daniel Frenel V.F.</i> Initials | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7 | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>5 |
|--|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

**ADDRESS**  
Thien T Nguyen  
Blakely Sokoloff Taylor & Zafman LLP  
7th Floor  
12400 Wilshire Boulevard  
Los Angeles, CA 90025

**TITLE**  
Method, apparatus and system for communicating healthcare information to and from a portable, hand-held device

|                                   |  |   |
|-----------------------------------|--|---|
| <b>FILING FEE RECEIVED</b><br>509 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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